

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K22407

**Entity Name:** DELTA PLUS MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

815 N. W. 57TH AVE.  
STE 145  
MIAMI, FL 33126

**Current Mailing Address:**

815 N. W. 57TH AVE.  
STE 145  
MIAMI, FL 33126 US

**FEI Number:** 65-0049865

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DIAZ, DELFIN J.  
1031 MATANZAS AVE.  
CORAL GABLES, FL 33146 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DIAZ, DELFIN J.  
Address 1031 MATANZAS AVE.  
City-State-Zip: CORAL GABLES FL 33146

Title VD  
Name DIAZ, ESPERANZA P.  
Address 1031 MATANZAS AVE.  
City-State-Zip: CORAL GABLES FL 33146

Title SD  
Name DIAZ, CHRISTINA M.  
Address 1030 MATANZAS AVE.  
City-State-Zip: CORAL GABLES FL 33146

Title TD  
Name DIAZ, HOPE M  
Address 1031 MATANZAS AVE.  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DELFIN J. DIAZ

**PRESIDENT**

**01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date